FORM A-10

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION **APPLICATION FOR CURRENT USE (RSA 79-A)**

THIS FORM MUST BE TYPEWRITTEN. ALL SIGNATURES MUST BE IN BLACK INK. File this form with the assessing officials of the town in which your land is located.

NAME(s) OF APPLICANT(s	s):								
Mailing Address:					 -				
1 For Land Located in the						·			
2 Geographical Location(s									
3 Local tax map and lot no									
4 Total number of acres in									
5 Book, Page and Record	ing at County Registi	y of Deeds:							
6 A map is required on the boundaries and compute applicant is seeking quate use shall be clearly iden	ne entire parcel(s), a ation of acreages, th diffication, differentiati dified and appropriate	adequately identifi e map shall show ng land uses withi e acreages shown	ed and orion interior bo n each cato	ented to oundarie	establis s and ad id all por	h its loca creages of tions of ti	ation. Besides sh of land categories	for which the	
7 Is a Soil Potential Index				•	٠.				
8 Is evidence of responsib	ole stewardship for Fo	orest Land attache	:a: [] Yes	[] 140		000/ DEODEA	FIGNIAL	
NO. OF ACRES TO BE CLASSIFIED UNDER CURRENT USE	TYPE OF LAI	ND- Farm, Forest, U	nproductive	(including	y Wetland	.)	20% RECREAT ADJUSTMENT (Type in YES o		
Rules, and that all requirements will continue to be performed. I/We do firmly understand that, should the use of the above-describe at the time of the change in use is liable for applicable penalty for in LAND OWNER'S SIGNATURE(s) Must be signed and TYPEWRITTEN under the signature by all owners of record or agent with Power of Attorney				red land be changed to a non-qualifying use, that the owner of record inconsistent use. (RSA 79-A and Cub 301.06) Selectmen/Assessors Must Check One [] APPROVED [] DENIED: reason stated below Must be signed and TYPEWRITTEN under the signature, by at least a majority of the selectmen/assessors					

			-						
Date:				Date:					
Reason for Denial:									
NOTE: Pursuant to RSA and Land Appeals within	79-A:9,l., if you disa	gree with this de	cision you	ı may ap	peal, in	writing,	to the State Boa	rd of Tax	
Distribution of this form:	White Copy: If a								
	Yellow Copy: Lo Pink copy: La	cal Assessing Off nd Owner, in com	icials for the	eir recor h RSA 7	ds. 9-A:5, III	- notice	to applicant. r records.		